Department of Health
Early Intervention Services

Performance Report

Performance Period July 2006-September 2006

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from July through September 2006.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.

- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have non-weighted caseloads of no more than 1:35. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for July through September 2006 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from July through September 2006 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

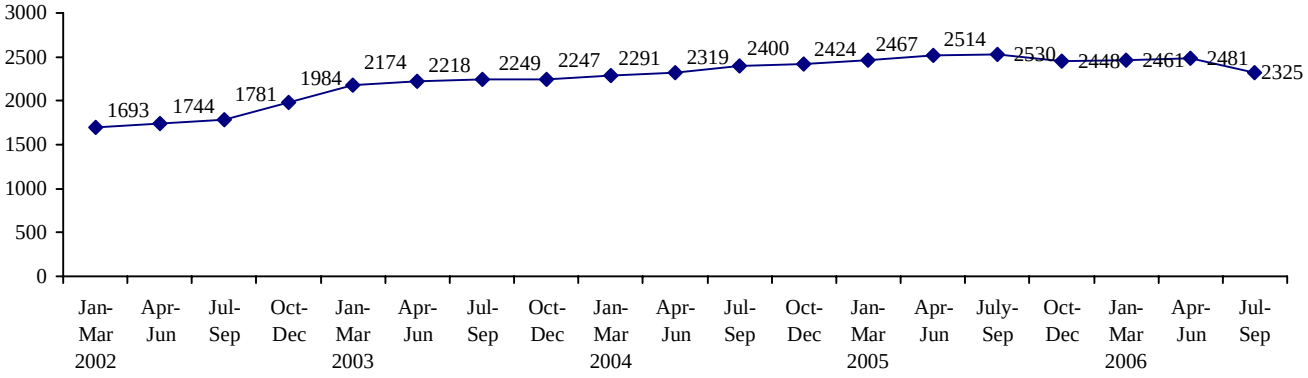
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
July 2006	2401	1730	271	243	129	21	7
August 2006	2286	1657	245	234	123	21	9
September 2006	2287	1655	247	231	124	23	7

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs [ECSP]), Purchase of Service programs (POSP), Public Health Nurses (PHN), and Healthy Start.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2002 are shown in Graph 1. The quarterly enrollment decreased from 2481 in the April – June 2006 quart to 2325 in the July-September quarter. This may in part be due to children, who turn age 3 up to December, transitioning to DOE Preschool Special Education in July.

Graph 1. EIS Quarterly Enrollment from July-Sept. 2002 to July-Sept. 2006



Child Find

A goal of EIS is to share information regarding early intervention services with the community. Due to the Public Awareness position vacancy, EIS did not participate in any major public awareness activities this quarter. Recruitment for the Public Awareness position was completed and the position will be filled in mid-October 2006. Trainings for community preschool teachers, day care providers and other community providers, as well as dissemination of EI brochures, expand the awareness and knowledge of EI services and the referral process (see section on Training Opportunities).

The EIS website, which was launched in May 2004, continues to expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The website has an automatic link to the H-KISS referral form to simplify referrals. The

website will be expanded to provide other relevant information when the position is filled.

Healthy Start

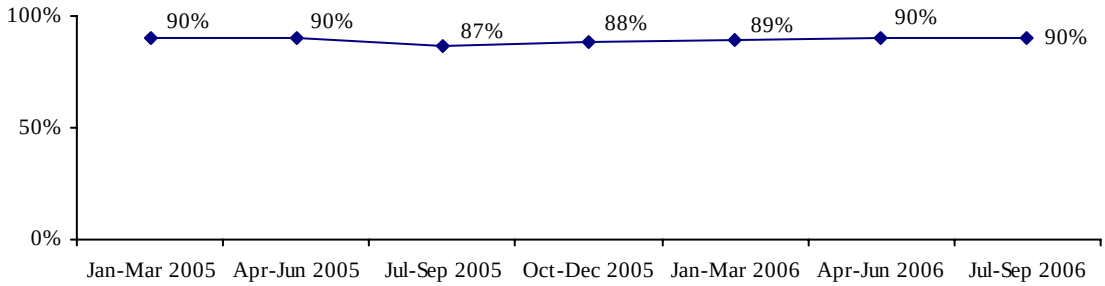
Birth rates for Hawaii for July to September 2006 are as follows:

Month	Births
July	1237
August	1390
September	1304

Screen, Assessment, and Accepted Referral Rates

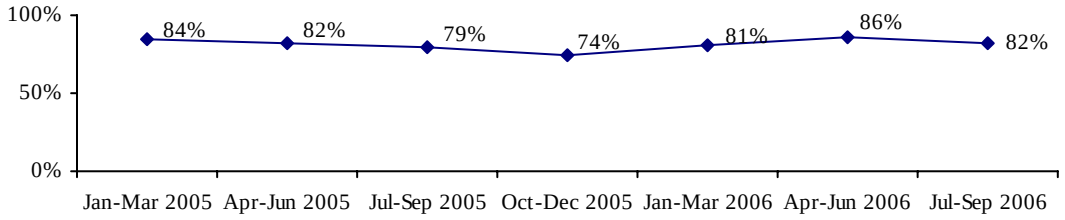
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 21 months.

Graph 2. Oahu EID Quarterly Screen Rate, January 2005 through September 2006.



Assessment rate: The quarterly EID assessment rate (Graph 3) decreased slightly since the last quarter, but is similar to that for the January-March 2006 quarter.

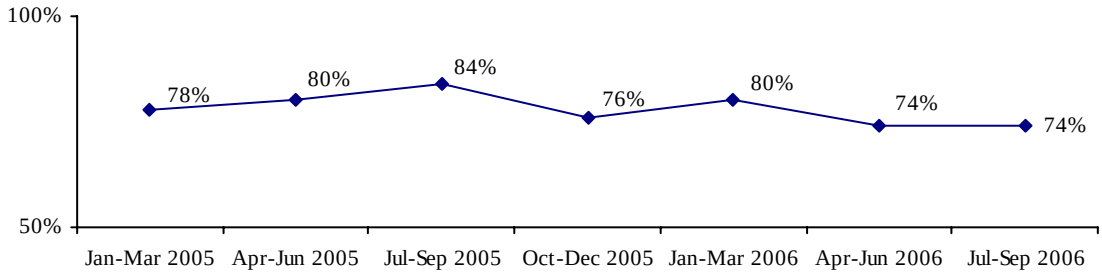
Graph 3. Oahu EID Quarterly Assessment Rate, January 2005 through September 2006.



Referral rate: The quarterly EID referral rate (Graph 4) has decreased slightly over the past 21 months, falling from 78% during the January-March 2005 quarter to 74% for the past two quarters. The fluctuation or slight dip in referrals may in part reflect deferral of referrals following early identification, if a family is determined to be known to Child Welfare Services (CWS). The referral is dependent on the CWS case worker assessing whether the Enhanced Healthy Start program is more appropriate than the basic Healthy Start program. The Enhanced Healthy Start Program is a Department of Human Services secondary purchase on the Department of Health Request for Proposals. Referral numbers to the Enhanced Program from the Hawaii Keiki Information Service System

(H-KISS) for the quarter totaled 52, which, if included in the regular Healthy Start numbers, would bring the referral rate to 76%. The EID worker has also been more cognizant that families who may initially decline services are welcome to return to the program at any time during their child's first year of life. Therefore, the slight fluctuation in referral rates may also be indicative of families' exercising their prerogative to defer referral until a later time.

Graph 4. Oahu EID Quarterly Referral Rate, January 2005 through September 2006.



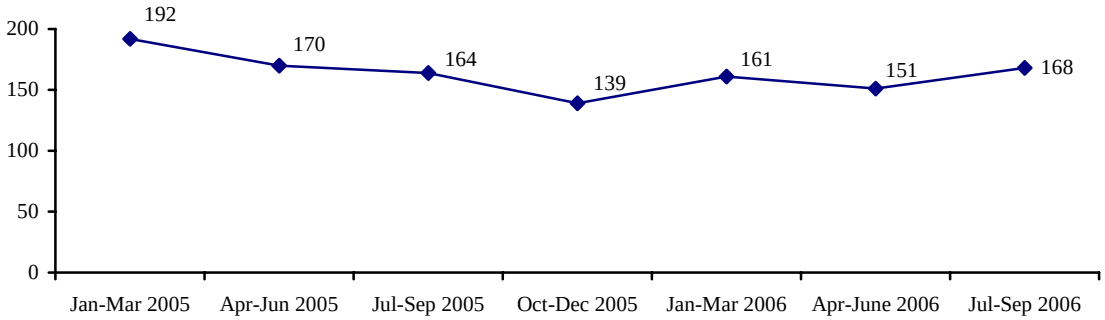
New Enrollment

A total of 503 infants were newly enrolled in home visiting services during this quarter (Table 2), an increase of 49 from the previous quarter. Factors contributing to fluctuation in enrollment include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barriers to acceptance. The average monthly new enrollment statewide for this quarter is 168 (Graph 5), an increase of 17 from last quarter.

Table 2. Healthy Start New Enrollment Data from July to September 2006

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
July	158	128	14	13	0	3	0
August	173	125	18	8	19	3	0
September	172	133	14	10	13	2	0

Graph 5. Healthy Start New Monthly Enrollment from January 2005 to September 2006



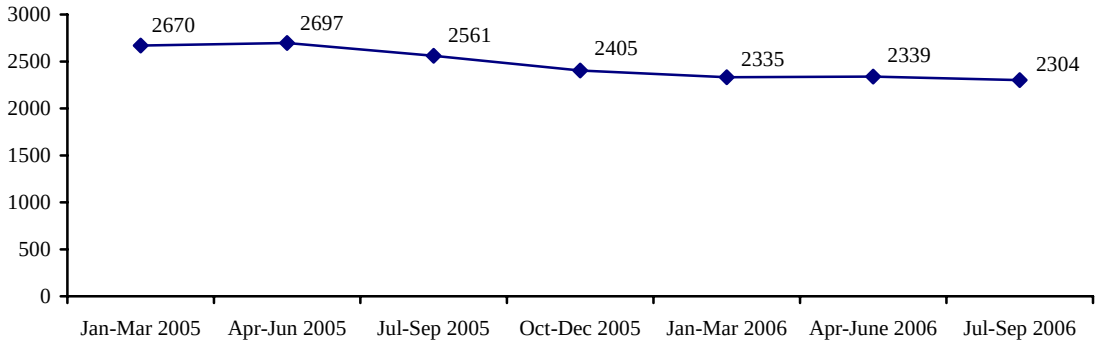
Active Enrollment

The monthly active enrollment (children in home visiting services) is shown in Table 3. The average active monthly enrollment statewide for this quarter is 2,304. The average monthly enrollment per quarter (Graph 6) decreased by 35 children from the last quarter (April to June 2006). Active enrollment number for the Enhanced program was 704 for the last quarter which would bring the overall active quarterly enrollment average to 2539.

Table 3. Healthy Start Monthly Active Enrollment for July to September 2006

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
July	2290	1557	220	145	213	112	43
August	2327	1598	218	143	228	101	39
September	2295	1563	230	146	222	95	39

Graph 6. Healthy Start Average Quarterly Enrollment from January 2005 to September 2006.



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for July-September 2006. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where, although some services are provided, they are not consistent with the services identified in the child's Individual Family Support Plans. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

The total number of monthly full service gaps decreased from 47 full gaps last quarter to 33 full gaps this quarter. The number of children affected also decreased, from 38 to 25 children (unduplicated monthly count) and from 34 to 23 (unduplicated quarterly count). (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		July	August	September	Total
Occupational Therapy			2 (Oahu) 1 (Hawaii)	1 (Oahu) 3 (Hawaii)	**3 (Oahu)** **4 (Hawaii)**
Physical Therapy			2 (Oahu)	2 (Oahu) 1 (Maui)	**4 (Oahu)** **1 (Maui)**
Speech Therapy		5 (Oahu)	4 (Oahu)	7 (Oahu)	**16 (Oahu)**
Special Instruction		1 (Oahu)	3 (Oahu)	1 (Oahu)	**5 (Oahu)**
Total Number of Full Gaps		**6**	**12**	**15**	**33**
Total Number of Monthly Full Gaps	Oahu	6	11	11	**28**
	Maui			1	**1**
	Hawaii		1	2	**4**
	Kauai				**0**
	Molokai				**0**
	Total	**6**	**12**	**14**	**33**
Total Number of Children *(unduplicated by month)*	Oahu	6	9	5	**20**
	Maui			1	**1**
	Hawaii		2	2	**4**
	Kauai				**0**
	Molokai				**0**
	Total	**6**	**11**	**8**	**25**
Total Number of Children *(unduplicated by quarter)*	Oahu				**19**
	Maui				**1**
	Hawaii				**3**
	Kauai				**0**
	Molokai				**0**
	Total				**23**

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) decreased from 380 gaps last quarter to 304 this quarter. The number of children affected monthly decreased from 365 children to 293 (unduplicated monthly count). In addition, only 208 children experienced at least one gap during the quarter, which was fewer than last quarter's count of 270 children (unduplicated quarterly count).

Table 5. Partial Service Gaps by Month

Service Gap		July	August	September	Total
Occupational Therapy		3 (Oahu) 8 (Maui)	6 (Oahu) 1 (Maui)	16 (Oahu) 1 (Maui)	**25 (Oahu)** **10 (Maui)**
Physical Therapy		19 (Oahu) 1 (Maui)	14 (Oahu) 6 (Maui)	9 (Oahu) 9 (Maui)	**42 (Oahu)** **16 (Maui)**
Special Instruction		35 (Oahu)	45 (Oahu)	40 (Oahu)	**120 (Oahu)**
Speech Therapy		31 (Oahu) 6 (Maui)	24 (Oahu)	23 (Oahu)	**78 (Oahu)** **6 (Maui)**
Social Work Services				3 (Maui)	**3 (Maui)**
Vision Services		2 (Oahu)	1 (Oahu)	1 (Oahu)	**4 (Oahu)**
Total Number of Partial Gaps		**105**	**97**	**102**	**304**
Total Number of Partial Gaps	Oahu	90	90	89	**269**
	Maui	15	7	13	**35**
	Hawaii				**0**
	Lanai				**0**
	Total	**105**	**97**	**102**	**304**
Total Number of Children *(unduplicated by month)*	Oahu	85	86	88	**259**
	Maui	14	7	13	**34**
	Hawaii				**0**
	Lanai				**0**
	Total				**293**
Total Number of Children *(unduplicated by quarter)*	Oahu				**168**
	Maui				**40**
	Hawaii				**0**
	Lanai				**0**
	Total				**208**

Reasons for Gaps

There are several reasons for gaps, which are consistent across islands:

Staff Shortages. The main reason for gaps (both full and partial) continues to be staff shortages due to vacancies. Although programs continually recruit for staff to fill vacant positions or to meet the increased need for services, success is frequently related to increased and more competitive salaries. Programs will generally attempt to sub-contract for providers while they recruit, but they are not frequently successful (this is especially relevant on neighbor islands). Although programs will revise their schedules to provide some services to all children, this still results in a partial gap as the complete cadre of services isn't available.

Vacation/Sick Leave/Emergencies. Gaps also occur when staff is on vacation and/or sick leave or when there are family emergencies, as there generally are not "substitute" providers to fill in and meet service requirements. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified, but this continues to result in partial service gaps.

Providing Services on Weekends or After Work Hours and at Homes of Families. There are still situations when services are not provided because the time schedules of families and providers do not match. While this is not a frequent reason, the inability to provide services on weekends or after work hours and at families' homes is an issue that is not

fully resolved. While programs attempt to schedule services at times and places convenient to families, there are generally fewer service options during weekends and after hours. If families are unavailable during the weekday and must wait for services, the result is a full or partial service gap.

Scheduling Errors/Lack of Documentation. On occasion, program staff will inadvertently forget to contact families to schedule a service identified on the IFSP. As soon as this is identified, however, the family is contacted to schedule the missing appointment, but it may still result in a service gap. Similarly, staff sometime inadvertently fails to document that a service did occur, resulting in difficulty confirming that the service occurred.

Actions to Reduce Gaps

1) With the increase of children referred to purchase-of-service (POS) programs, not only from H-KISS, but also from other care coordinators (PHNB and Healthy Start), the POS programs are recruiting for additional staff. As noted above, recruiting is both a time-intensive and expensive process, as it entails advertising in mainland papers and discipline-specific journals. While many POS programs have increased their salary ranges and have offered signing bonuses in order to attract and retain therapists, salary increases are limited by the funding available to the POS programs.

2) EIS continues to work with EI program staff to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While many children enrolled in early intervention programs receive transdisciplinary services, some therapists do not use this service option. There will be a focus of additional training in the transdisciplinary service delivery method to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (unlike children receiving services from fee-for-service providers), that had a partial service gap, received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family. So, even though gaps still continue, only 23 children received no services (had full gaps), as noted in Table 4.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work (SW) positions statewide. Forty-four (44) positions were intended to provide care coordination services. The remaining 4 positions are administrative and are included in the data on administrative positions. However, due to issues identified below, there are currently 39 positions intended to provide care coordination, instead of the original 44. Using this new data, at the end of September 2006, 34 of the 39 state social worker/care coordinator positions, or 87%, were filled.

Because of the continued difficulty of recruiting on the islands of Hawaii and Maui, the Family Health Services Division, with EIS, and the District Health Officers on Hawaii and Maui jointly agreed to transfer two (2) Maui social work positions and one (1)

Hawaii social work position to Oahu to support the increased need for social work/care coordinator positions on Oahu. The two Maui positions were transferred and are included in the Oahu data above (one filled, one in the recruitment process). The Hawaii position is in the process of being transferred and is not included in either the Oahu or Hawaii count. Funds were provided to the POS programs so that they could recruit for these three positions. The recruitment was successful and the POS programs, with a combination of state and private social work/care coordinator positions, now have sufficient filled positions to meet the social work/care coordination needs.

It was also decided that one social work position on both Maui and Hawaii would be re-described to a Psychologist Assistant IV, to support children with challenging behaviors and to be a liaison for children diagnosed with an autism spectrum disorder. These positions are not included in the above SW count.

The remaining two vacant social work/care coordinator positions on the island of Hawaii are also not included in the above SW count, since these positions are not currently needed on that island and will not be filled. FHSD, EIS, and the District Health Offices for Hawaii, Maui, and Kauai will continue to review the early intervention personnel needs statewide to determine how to best use the 2 vacant social work positions.

Table 6 provides information on the 39 DOH social worker/care coordinator positions, by island and statewide as of September 2006.

Table 6. Percentage of EIS Civil Service Social Work/Care Coordinator Positions that are Filled, by Island, as of September 2006.

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	31	27	87%
Hawaii	3	2	67%
Maui	2*	2	100%
Kauai	3**	3	100%
Total	**39**	**34**	**87%**

* Includes 1 position that provides care coordination at 0.5 FTE
** Includes 1 position that provides care coordination at 0.75 FTE

Table 7 shows the approved POS SW/care coordinator positions, by island and statewide. As of September 2006, all POS SW/care coordination positions were filled.

Table 7. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of September 2006.

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	13*	13	100%
Hawaii	4	4	100%
Maui	5**	5	100%
Kauai	1	1	100%
Molokai	1***	1	100%
Lanai	1***	1	100%
Total	**25**	**25**	**100%**

* Includes 1 position funded at 0.5 FTE and 1 position at 0.25 FTE.
** Includes 1 position funded at 0.5 FTE.
*** Position is funded at 0.5 FTE.

EIS works closely with the District Health Officers and the POS Program Managers to be aware of personnel changes and to problem-solve with them.

Goal: 90% of EIS direct service positions are filled.

EIS has 43 direct service positions statewide (one position previously identified as direct service has been changed to administrative due to the position responsibilities). These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 9. At the end of September 2006, 38 of the 43 direct service positions, or 88%, were filled. Table 8 below provides information on direct service positions statewide and by island.

Table 8. EIS Direct Service Positions by Island, as of September 2006.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	34	94%	Clinical Psych. Asst. IV; PMA III-1
Hawaii	7	4	57%	OT III-1; SLP IV-1; PMA II-1
Total	**43**	**38**	**88%**	–

Note: OT = occupational therapist; SLP = speech-language pathologist; SPED = Special Educator; PMA = paramedical assistant

As shown in Table 8, recruiting for therapy staff on the island of Hawaii continues to be difficult, as the OT position has been vacant for over a year, and the SLP position has been vacant for 2 years. EIS is currently contracting for staff to meet these service needs, but finding available fee-for-service providers on the island of Hawaii is difficult. To support speech-language needs, an Oahu SLP flies to Kona twice monthly (total of 4 days per month) to support the communication needs of enrolled children. EIS still continues to have over fifty contracts with fee-for-service providers to support vacancies and other service needs.

Contracted providers help ensure that children receive all services identified on their Individual Family Support Plans (IFSPs). There are two types of fee-for-service providers. The first group consists of OT, PT, and SLP providers. These providers support the ECSP programs when there are staff vacancies and/or increases in referrals that cannot be met by the ECSP staff. They also help support the children served by the EIS Care Coordination Unit, by providing direct services to the children not served by early intervention programs (state or POS programs). The need for these providers has decreased now that the three new POS early intervention programs are operational and other POS programs (e.g., Sultan Easter Seals) have increased the number of interventionist to serve enrolled children.

The other group of fee-for-service providers includes audiologists, nutritionists, intensive behavioral support staff (who serve children with autism), and psychologists (who support EIS psychologists). The need for psychological services has not decreased as the

number of children with autism has not decreased. Although EIS has psychologists and a nutritionist, they cannot meet the need for these services in the communities statewide.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

EIS has 61 administrative positions statewide, including unit supervisors and specialists in the areas of contracts, internal service testing, public awareness, training, computer support staff, accounting staff, clerical and billing staff, and the Public Health Administrative Officer (PHAO). Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, Social Worker IV on the island of Hawaii who supervises seven social workers, ECSU supervisor and ECSP managers, five Children & Youth (C&Y) Specialist IV positions who support quality assurance activities statewide, and the statewide coordinator for the Newborn Hearing Screening Program.

Of the 61 administrative positions, 54 (89%) are filled. Six of the 7 vacant positions are on Oahu: 2 staff to support third party billing (1 position is being recruited by FHSD to support EI data needs), C&Y IV position for Public Awareness/Hawaii Early Intervention Coordinating Council (HEICC), 2 C&Y IV positions for EIS quality assurance/ monitoring, and C&Y V position for Lead Agency quality assurance/monitoring. The C&Y IV for EIS quality assurance on the island of Hawaii is also vacant. The C&Y V for the Lead Agency and the 5 C&Y IV positions were re-described from exempt to civil service positions. Because the redescriptions resulted in lowered salaries, staff in the C&Y V position for Lead Agency quality assurance and 3 of the 5 C&Y IV positions for EIS quality assurance chose not to re-apply for the positions.

Table 9 provides information on the administrative positions statewide and by island.

Table 9. EIS Administrative Positions by Island, as of September 2006.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	49	89%	Hosp. Billing Clerk I-1; Hosp. Billing Clerk II-1; C&Y Specialist (Public Awareness/HEICC)-1; C&Y IV (EIS QA)-2; C&Y V (Lead Agency QA)-1
Hawaii	5	4	80%	C&Y IV (EIS QA)-1
Maui	1	1	100%	–
Total	**61**	**54**	**89%**	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu: Program Head, Registered Nurse, Social Worker, Child and Youth Specialist, Research Statistician, Statistics Clerk, Accountant, Account Clerk, and Clerk Steno staff. Currently 7 of the 9 Healthy Start administrative positions are filled. The Research Statistician position was vacated in July and the Social Worker position remains under recruitment. The Accountant remains on leave and is expected to return in late October.

Goal: 90% of EIS caseloads will be no more than 1:35 (non-weighted).

Table 10 provides information on the percentage of social workers, by island, that have a current caseload of no more than 1:35. The current percentage (71%) has increased from the last quarter (52%). This is due not only to vacant positions (see Tables 6 and 7) but also to the 4 newly hired social workers who are gradually increasing their caseload while they are receiving training and technical assistance.

Table 10. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of September 2006.

Island	# Social Workers Providing Care Coordination as of September 2006	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	40	28	70%
Hawaii	6	4	67%
Maui	7	5	71%
Kauai	4	3	75%
Molokai	1	1	100%
Lanai	1	1	100%
Total	**59**	**42**	**71%**

Table 11 provides information on the status of care coordination ratio if all positions were filled, including the new positions. When all positions are filled, the care coordination ratio will be less than 1:35. EIS continues to actively monitor caseloads and make adjustments when necessary.

Table 11. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	# FTE Social Worker Positions for Care Coordination	Total Caseload *	Average Caseload (Projected)
Oahu	41*	39.75	1238	31
Hawaii	7*	7.00	188	27
Maui	7	6.00	168	28
Kauai	4	3.75	103	27
Molokai	1	.50	11	22
Lanai	1	.50	7	14
Total	**61**	**57.50**	**1715**	**30**

*Does not include SW IV supervisory positions (3-Oahu; 1-Hawaii)

The following actions have successfully supported care coordination:

1) Contract modifications and additional funds from DOH allowed POS programs to hire additional social work/care coordinators.
2) Two DOH SW positions from Maui have been transferred to Oahu and 1 DOH SW position from Hawaii is in the process of being transferred. One of the Maui positions is filled; the second Maui position is in the recruitment process. When they are all filled, the number of social workers with care coordination ratio at no more than 1:35 will increase.
3) As more children are referred to community-based early intervention programs, the EIS social work positions have been assigned to support ECSP and POS programs.

4) The Request for Proposals (RFP) for POS programs for FY 2008 will show revised boundaries of the state Early Childhood Services Programs (ECSP) to ensure they can meet the needs of their enrolled children. A caveat is included in the RFP to allow POS programs to serve children outside their geographical areas (who should be served by ECSPs) when needed.
5) Other early intervention staff (program managers and direct service staff) continues to support care coordination when there are social worker/care coordinator vacancies or newly hired social workers/care coordinators. This is a short-term solution as it can result in more service gaps if the direct service providers reduce their direct service time to assist in providing care coordination.
6) Overtime has been approved for EIS care coordinators so they can meet the needs of their families served and complete necessary paperwork. It is expected that as the new positions are filled, overtime will no longer be needed.
7) Social workers/care coordinators are no longer expected to be liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common. The role of the liaison has been transferred to the family's primary provider as this individual is more knowledgeable about the needs of the child and family.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for July through September 2006 impacted 1077 early interventionists, public health nurses, Healthy Start providers, Early Head Start staff, fee-for-service providers, community preschool staff, other community providers, and family members. In addition to providing direct training, information was provided via early intervention brochures to 385 individuals. Following is a list of training topics and number of attendees during this quarter:

- **Part C Orientation**. EIS provided three (3) 4-day Part C orientations on the islands of Oahu and Hawaii (Kona and Hilo). This orientation is required for all new Part C employees, including EIS and Healthy Start providers (public and private) and public health nurses. In addition, current employees frequently attend as a "refresher" on Part C requirements. Total attendance was 196 for all trainings, which included: Oahu – 112; Kona – 44 and Hilo – 40.

- **Training on Required Child and Family Outcome Measures**. The Office of Special Education (OSEP) has developed child and family indicators that all Part C programs must track. Because these are new indicators to Hawaii's Part C system, this is a priority and extensive training must be provided to all early intervention providers, including EIS, PHNB, and Healthy Start. Ten (10) all-day trainings were provided this quarter, which included 7 on Oahu for 119 staff, and 3 on Maui for 68 staff. In addition, one 1-hour phone orientation was provided to 50 staff across the state and 1 follow-up training was provided in Kona for 8 staff. During this quarter, training on the new OSEP indicators was provided to 264 individuals.

- **Supporting Children with Challenging Behaviors and Autism**. The Keiki Care Project (KCP) Coordinator provided trainings to support staff serving young children with challenging behaviors. A training on "*Classroom Management: Toddler-Preschool"* was presented to 14 staff of the Keiki Corner Child Development Center – Iroquois Point. A training on "*Using the Second Step Curriculum"*, which focuses on classroom management, was presented to 3 staff of the Pearl Harbor Naval Station Child Development Center. A related training on "*Children with Sensory Integration Disorders"* at the "Tutu and Me" Play and Learn Program in Nuuanu reached 2 staff. The KCP Coordinator also provided information on the project to 32 staff of Hawaii Families as Allies as part of their All Islands Staff Training and to 13 DHS Licensing Specialists on *Sources of Information, Resources, and Referral.* Finally, the KCP Coordinator collaborated with DOH Child and Adolescent Mental Health Division and the Community Pediatrics Institute to develop a video on working with children with challenging behaviors and their family members, pediatricians, and early childhood educators. It is expected that this video will be incorporated in PATCH's statewide training on supporting challenging behaviors. Trainings in this area impacted a total of 64 early childhood educators and related staff.

- **Recognizing and Intervening with Children Under Age 1 with Autism**. An EIS psychologist developed and presented this training to staff from Easter Seals programs (50), Waianae Parent-Child Development Program (8), KMC-Central (16), the Leeward and Wahiawa ECSPs (25) and Kona ECSP (12). One hundred eleven (111) staff received this training.

- **Supporting the Expansion of Trainers in the area of Challenging Behaviors**. The Keiki Care Project Coordinator participated in several trainings to support increased understanding about how to support teachers/providers who have children with challenging behaviors. The KCP Coordinator collaborated with DHS and PATCH to support a train-the-trainer event that focused on *Promoting Social-Emotional Competence for Parents*. Seventy-six (76) trainers were trained. The KCP Coordinator also worked with the Early Childhood Comprehensive Systems Strategic Management Team from DOH, DOE, and DHS on *Collaborative Planning for Hawaii's Social and Emotional System of* Services. There were 12 attendees with this training.

- **Training on Transition**. The fourth day of the Part C Orientation focuses on transition. A total of 52 individuals (of the 196 noted in Part C Orientation above) were provided training on transition. The Inclusion Project Coordinator also provided a workshop for 15 Sultan Easter Seals staff and EIS social workers.

- **Supporting Infants, Toddlers with Hearing Loss and their Families**. The DOH Newborn Hearing Screening Program coordinated a statewide conference call of 58 early intervention providers, including public health nurses with the National Center for Hearing Assessment and Management. To support the conference call and the provision of services to 0-3 age children with hearing loss, the Baby HEARS-Hawaii Project purchased and disseminated copies of the "Infant Hearing Guide" CD to all early intervention programs and public health nursing sections.

- **Family Court and Related Family Providers**. The EIS Supervisor presented on Hawaii's Part C system and how to access Part C services to 25 statewide Family Court judges and administrators as part of an Annual Family Court Symposium on Oahu. In addition, the EIS Supervisor also provided similar information in a conference attended by 200 stakeholders, and co-sponsored by the Honolulu Model Court, the Hawaii Court Improvement Program, and the American Bar Association grant on maternal and child health issues.

- **Assistive Technology**. EIS Assistive Tech staff presented 2 trainings this quarter. "*Tots N Tech: Widgets, Gadgets and a Little Tweaking,"*, which supports the use of assistive technology with young children with special needs, was provided to 25 Imua Family Services early intervention staff and 6 United Cerebral Palsy Child Development Center staff, Archimedes Project staff, and students.

- **Other Trainings**. The KCP Coordinator also provided 2 trainings to both DHS Licensing Specialists (13 attendees) and 12 attendees at the HAEYC M.E.N. Retreat on *Recruiting, Supporting, and Retaining Men in Early Childhood Education.*

- **Early Intervention Brochures**. EIS regularly provides brochures on how to access early intervention services to community programs and pediatricians. This quarter EIS responded to requests from Families for Real (150), from an autism family support program (150), and to support Family Court judges (85).

- **Informal Trainings/Consultants**. In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support to families and staff of early intervention programs and community preschools.

Healthy Start

The Healthy Start POSP continues Intensive Role Specific training for all core Healthy Start program staff, including Family Assessment Workers, Family Support Workers, Clinical Specialists, Child Development Specialists, and Clinical Supervisors.

July, 2006

7/3	Family Support Worker Role Specific Training for Supervisors
7/6-7	Advanced Child Development
7/10-13	Early Identification Role Specific Training
7/14	Early Identification Role Specific Training for Supervisors
7/27-28	Healthy Start statewide conference

August, 2006

8/1	Advanced Supervisory Training

September, 2006

9/7	Advanced Family Support Worker training/Boundary Training
9/8	Maternal Family Health
9/12	Advanced Family Support Worker Training
9/14-15	Early Childhood Basics

9/19	Clinical Supervision
9/21-22	Advanced Childhood Development
9/26-67	Core Clinical Specialist Training
9/29	Administering the ASQ

Healthy Start administrative staff have continued partnership with EIS and Public Health Nursing Branch to train participants from all three entities on Early Intervention regulations (EIS Orientation training), as well as new "What Counts" initiatives.

The July Conference for all Healthy Start providers was a successful gathering which provided opportunities for networking among contractors, as well as training and educational opportunities from successful home visiting programs from Kentucky.

The Healthy Start Network of providers also worked on revising its Level System – a procedure used to assess the service needs of Healthy Start families based on the Family Stress checklist risk factors. This new initiative will begin implementation following training and piloting in two program sites.

Quality Assurance

Early Intervention Section

The EIS has two major quality assurance focuses. The first is that of the lead agency for Part C, which must assure to the Office of Special Education Programs (OSEP) that all programs that serve Part C eligible children (EIS, PHNB, Maternal and Child Health Branch [MCHB] Healthy Start) meet compliance with Part C. This is achieved through the development and implementation of statewide monitoring and data collection. EIS works closely with administrators of EIS, PHNB, and MCHB who have the responsibility to monitor and gather data from all their programs.

The second focus is to assure that all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs and that all services are provided in conformance with federal IDEA Part C and state requirements.

The focus of quality assurance activities during the July-September 2006 quarter was to continue to collect and review monthly data on compliance with timely comprehensive developmental evaluations, complete Present Levels of Development in the IFSPs, and timely transition plans, transition conferences and transition notices. Although the data shows improved compliance in all areas, the EIS QA Specialist and EIS QA staff continue to work closely with all program managers in the review of their monthly data and to help prepare them for the October 2006 program monitoring. On-going support was also provided to ensure that data are inputted correctly into the database, to reduce input errors that lower the compliance percentage. Data will continue to be collected, reviewed, and analyzed monthly to determine if the ongoing support is successful.

Child/Family Outcomes
Activities will continue to determine the effectiveness of EI in supporting outcomes of children and their families. As required by OSEP, data are being collected on how children enrolled in early intervention programs compare with typically developing children, both at the Initial IFSP and at each subsequent IFSP.

Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's and family's progress and to what extent the system supports the child and family and will continue. The focus this year continues to be on children who are either in the transition process to DOE Preschool Special Education or were recently transitioned. This additional information will be used to determine how to improve transition collaboration between Parts B and C.

Roles and Responsibilities of EIS Quality Assurance Specialists
When the EIS Child & Youth Specialists IV positions were re-described from exempt to civil service, 3 of the individuals resigned (Oahu-2, Hawaii-1). Therefore, the focus has been revised to assist programs with compliance concerns in reviewing data and revising protocols to ensure increased compliance. The following activities/strategies to support compliance include:

- Monitor child charts.
- Review quarterly monitoring data with Program Managers to help determine how to increase compliance.
- Support programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Facilitate statewide IFSP trainings.
- Participate in collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Act as a resource regarding IDEA Part C requirements.
- Participate in the Internal Review process.
- Attend DOE Complex/District Quality Assurance meetings.
- Participate in STEPS teams.
- Attend Community Council meetings.
- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Healthy Start

Routine monthly monitoring continues for IDEA/OSEP regulations which include timely compliance with comprehensive developmental evaluations, documentation of the child's level of development, and appropriate and timely development of transition plans. The program's data management system is continuously reviewed and revised to maintain valid and real-time data for program monitoring purposes.

The program also maintains a Help Desk for providers to access data management assistance. Internal data management systems are being developed and initiated in a continuing effort to stay current with OSEP guidelines and program needs.

Core administrative staff from Healthy Start (program head, nurse, and program specialist) conducted on-site technical assistance and training with each contractor. This

was completed in September in anticipation of additional on-site OSEP monitoring in October.

Funding

Early Intervention Section

For FY 2007, the EIS appropriation is $10,050,021 ($8,900,021 state funds and $1,150,000 EI Special Funds). The EIS allocation is $10,525,588 ($9,375,588 state funds and $1,150,000 EI Special Funds), which includes additional funds for collective bargaining increases. The majority of the first quarter allocation supports POS and fee-for-service contracts. Due to a projected deficit, an emergency appropriation request for EIS for FY 2007 is being proposed.

Table 12. EIS Allocations and Expenditures/Encumbrances – State Funds and Early Intervention Special Funds (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal Year 2006			
1st quarter – July-Sept. 2005	6,448,381	6,448,381	6,154,284
2nd quarter – Oct.-Dec. 2005	1,341,815	7,790,196	7,959,242
3rd quarter – Jan.-Mar. 2006	2,185,000	9,975,196	10,115,989
4th quarter – Apr.-June 2006	3,390,753*	13,365,949	13,630,243
Fiscal Year 2007			
1st quarter – July-Sept. 2006	6,531,250	6,531,250	5,989,678**
2nd quarter – Oct.-Dec. 2006	1,596,250	8,127,500	
3rd quarter – Jan.-Mar. 2007	2,273,088	10,400,588	
4th quarter – Apr.-June 2007	125,000	10,525,588	

* Includes an emergency appropriation of $3,200,928 in May 2006.
** Estimate as of 9/30/06.

EIS also receives federal Part C funds (Table 13) for early intervention services. These funds decreased from $2,194,384 for FY 2005 to $2,160,317 in FY 2006 and to $2,138,714 in FY 2007.

Table 13. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal Year 2006			
1st quarter – July-Sept. 2005	1,113,693	1,113,693	750,228
2nd quarter – Oct.-Dec. 2005	448,500	1,562,193	980,581
3rd quarter – Jan.-Mar. 2006	445,000	2,007,193	1,301,122
4th quarter – Apr.-June 2006	450,898	2,458,091	1,699,089
Fiscal Year 2007			
1st quarter – July-Sept. 2006	970,000	970,000	638,772**
2nd quarter – Oct.-Dec. 2006	582,000	1,552,000	
3rd quarter – Jan.-Mar. 2007	585,000	2,137,000	
4th quarter – Apr.-June 2007	634,557	2,771,557	

** Estimate as of 9/30/06.

Healthy Start

For FY 2007, a total of $12,740,665 in State funds and EI Special funds were allocated. Due to a projected deficit, an emergency appropriation request for Healthy Start for FY 2007 is being proposed.

Table 14. Healthy Start Allocations and Expenditures/Encumbrances (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal year 2006			
1st quarter – Jul.-Sept. 2005	11,615,881	11,615,881	5,091,227
2nd quarter – Oct.-Dec. 2005	2,087,185	13,703,066	7,671,154
3rd quarter – Jan.-Mar. 2006	87,185	13,790,251	7,592,540
4th quarter – Apr.-June 2006	1,087,184*	14,877,435	14,916,848
Fiscal year 2007			
1st quarter – Jul.-Sept. 2006	12,447,794	12,447,794	12,130,665**
2nd quarter – Oct.-Dec. 2006	97,625	12,545,419	
3rd quarter – Jan.-Mar. 2007	97,623	12,643,042	
4th quarter – Apr.-June 2007	97,623	12,740,665	

* Includes an emergency appropriation of $1,000,000 in May 2006.
** Estimate as of 9/30/06.

Summary

Strengths in the early intervention system from July-September 2006 include:

- ⇨ EIS continues to provide extensive training to support the increased understanding of federal and state early intervention requirements.
- ⇨ EIS, PHNB, and MCHB meet monthly to review, analyze, and problem-solve issues related to OSEP compliance.
- ⇨ EIS, PHNB, and MCHB monthly data show increased compliance.
- ⇨ Service gaps decreased this quarter as compared to last quarter.
- ⇨ EIS, PHNB, and MCHB continue to collaborate extensively to ensure that programs are aware of changes that must be implemented to support Part C compliance.
- ⇨ All Part C programs are working diligently to correct the areas of non-compliance identified by OSEP.
- ⇨ The care coordination ratio has decreased with the addition of new social work/care coordination positions. When all positions are filled, the goal of 1:35 will be met.
- ⇨ Dedicated direct service staff at EIS and public and private early intervention programs is working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇨ Ongoing collaboration with DOE support the transition of children from DOH Part C programs to DOE preschool programs.

Challenges to the early intervention system from July-September 2006 include:

- ⇨ Monitoring continues to identify areas of non-compliance with IDEA Part C requirements.
- ⇨ There is not one unified Part C data system to track Part C children or to gather monthly data. Each Agency must adapt or develop its own system to collect the required data. The multiple systems impact the ease of analyzing and comparing data to determine the strengths and needs of the EI system and report to OSEP.
- ⇨ Costs continue to exceed the budgeted amounts for EIS and Healthy Start. Allocations and expenditures are monitored to identify funding needs, and deficits are projected for FY2007. Emergency appropriations to cover the cost of services for FY2007 and increases in base budgets for FY 2008 are being proposed.